

## STUDENT COMPLAINT RESOLUTION FORM

**Important Note:**

1. Form should be completed and submitted to the Student Services Department.
2. All information provided are treated with strictest confidentiality and are meant for internal use only.

### Section A: Student's Particular

Student ID:

Student Name:

Contact No:

Email Address:

Programme Name:

### Section B: Type of Feedback

**What is the nature of the complaint? (Please tick “√” accordingly)**

Quality of Education     Lecturer     Classroom Facility     Course Note     Others

**Description (attached supporting documents, if applicable)**

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### Section C: Student Declaration

I declare that the information provided is true and accurate to the best of my knowledge and that I have not wilfully suppressed any information. I understand that information contained in this form is collected for enrolment administrative purposes, and that some information may be released for administrative purposes. Personal information will not be passed onto any other external bodies without prior authorisation unless a valid legal request has been made.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

Date Received (DD/MM/YYYY):

Name of Staff to proceed the document:

Signature of Staff:

**Preventive Measure (s) To Be Adopted**

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Student satisfied with the preventive measure (s) adopted:  Yes  No

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Name and Signature of Staffs

\_\_\_\_\_

Date

**Approval**

Need for further review / follow-up (Please tick “√” accordingly) :

Yes, date for scheduled review (DD/MM/YYYY): \_\_\_\_\_

No

Comments:

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Reviewed by: \_\_\_\_\_

Approved by \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_